

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State West Virginia

Citation

42 CFR 431.105 (b)  
AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105 (b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105 (b).

☒ Yes, as listed below:

Radiological Facilities.

☐ Not applicable. Similar services are not provided to other types of medical facilities.

TN # 74-3  
Supersedes  
TN # \_\_\_\_\_

Approval Date 11/12/74 Effective Date 12/28/73

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An appropriate referral for rehabilitation services can be made at any age as long as upon completion of anticipated services the client will be of employable age. A multiple or severely disabled child may be referred at an earlier age if services will be long term and will continue to the age of employability. Active Handicapped Children's Services patients referred to Vocational Rehabilitation will continue to receive medical care from the Division of Handicapped Children's Services.

Referrals made to Handicapped Children's Services should comply with the eligibility standards which follow:

- a. Children under 21 years of age, living in West Virginia, who are financially eligible and suspected of having at least one of the following conditions:
  - Disorders which involve bones, joints or muscles (nonacute)
  - Heart defects at birth requiring surgery and operable heart defects resulting from rheumatic heart disease
  - Epilepsy and other convulsive disorders
  - Neurological disorders, such as cerebral palsy and spina bifida
  - Medically related speech and hearing problems
  - Certain operable eye conditions, such as crossed eyes and congenital cataracts
  - Kidney and urological disorders, including those requiring dialysis and/or transplant
  - Cleft lip/palate and other conditions requiring plastic surgery, such as burns
  - Certain conditions, including hemophilia, cystic fibrosis, and sickle cell anemia
- b. Financial eligibility is determined based on family income, costs of medical services, and other factors.

2. Services Provided by Division of Handicapped Children's Services

Services are primarily delivered to handicapped children through a variety of speciality clinics. These clinics

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are staffed by licensed physicians who participate in the Handicapped Children's Services program, as well as a team of staff nurses and social workers. Upon the Handicapped Children's Services doctor's recommendation, the program can provide laboratory work, x-rays, hospitalization for treatment, surgery or diagnostic studies, as well as medication, appliances and braces, hearing aids, physical therapy, parent counseling and visiting nurses and social workers' services. General routine medical care is not available through this program. Medical care must be related to the disabling condition.

### 3. Case Planning

Coordination of services should be between the local social worker and rehabilitation counselor on a case by case basis.

Communication is encouraged in the area of established treatment plans. When there is an existing treatment program the program should be maintained and thoroughly considered in planning of rehabilitation efforts. Coordination of treatment is necessary and mutual resolution of any conflicts should occur as quickly as possible.

Since Division of Handicapped Children's Services does not have staff located in all areas of the state, the rehabilitation counselor may channel information or requests for information on active Handicapped Children's Services patients through the local Department of Welfare liaison.

### 4. Routing of Referrals

A vocational rehabilitation liaison to Division of Handicapped Children's Services will be established on a district office basis. However, referrals may be made directly to a rehabilitation counselor from the social worker, if the appropriate counselor is known. Otherwise the Vocational Rehabilitation district liaison may be contacted.

Referrals to Division of Handicapped Children's Services on likely candidates for Handicapped Children's Services should be routed through the local area welfare office worker who is assigned Handicapped Children's Services intake responsibilities.

An important component of an effective referral system involves follow-up and report-back of case developments

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on referrals. Reporting back to Division of Handicapped Children's Services is particularly essential and will be done for each referral received from Handicapped Children's Services.

G. Evaluation

This Agreement will be reviewed on an annual basis by the Commissioner of Welfare and Director of Vocational Rehabilitation or their designee.

Local agreements will be reviewed and revised as needed on an annual basis, using the anniversary date of the signing of the local signatures.

VI. Confidentiality of Client Information

Both agencies will maintain the highest standard of confidentiality of client records. Information will need to be shared between parties. The confidentiality requirements of both agencies will be adhered to by both parties.

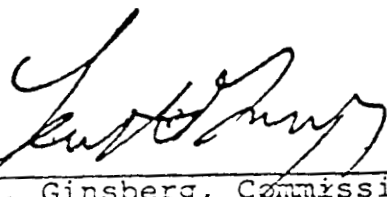
Information (medical, social, psychological and training reports) concerning mutual clients may be shared between agencies without the need for release of information from the client. Clients will be informed that specific information concerning them will be shared with the other agency.

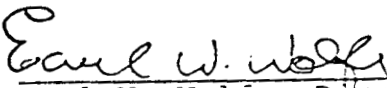
VII. Amendments

This agreement may be modified or amended upon written agreement of both parties.

VIII. Termination

This agreement will remain in effect until terminated by a thirty-day notice to the other party.

  
Leon H. Ginsberg, Commissioner  
West Virginia Department  
of Welfare

  
Earl W. Wolfe, Director  
Division of Vocational  
Rehabilitation  
West Virginia State Board  
of Vocational Education

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DEPARTMENT OF WELFARE  
AND  
DIVISION OF VOCATIONAL REHABILITATION

AGREEMENT BETWEEN LOCAL AREA WELFARE OFFICES  
AND  
DISTRICT VOCATIONAL REHABILITATION OFFICES

I. Introduction

The Department of Welfare and the Division of Vocational Rehabilitation have entered into a Cooperative Agreement which promotes services to the physically and mentally handicapped. This Agreement strengthens the commitment of both agencies to coordinate their resources in order that they may better serve the handicapped person.

This Agreement replaces the July 1971 Agreement entered into by both parties.

Guidelines for Area Welfare and District Vocational Rehabilitation Offices to follow in implementing the state level agreement are detailed within this document and the State Agreement.

II. Planning Meeting

An initial meeting to discuss the development of the Cooperative Agreements between Area Welfare and District Vocational Rehabilitation Offices will be convened by the Vocational Rehabilitation District Supervisor.

Topics to be discussed:

- A. Review of the State Agreement
- B. Process in the development of local agreements (agreements will be based on the seven (7) District Vocational Rehabilitation Offices)
- C. Elements of agreements to be negotiated
- D. Timetable to complete the local agreements

The initial meeting will be held prior to August 1, 1982. District Supervisors will assume the responsibility for arranging the time, place and agenda for the initial meeting.

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### III. Local Agreements

Area Welfare and District Vocational Rehabilitation Offices will enter into local cooperative agreements. These agreements should contain:

- A. Evidence that both local agencies support the goals of the State Agreement
- B. The establishment of a referral system utilizing existing referral procedures, including the use of the DW/DVR-2 "Joint Referral Form"
- C. Procedures for addressing issues outlined in Section V, Part B, "Local Cooperative Agreements"
- D. Joint training activities on agencies policies and other related topics of interest to both parties
- E. Local liaison person should be appointed and that appointment conveyed to the other party
- F. Responsibilities of the local liaison person outlined in Section V, Part E, No. 3, should be detailed.

### IV. Evaluation

Local agreements will be reviewed and revised as needed on an annual basis using the anniversary date of the signing of the local signatures. As stated in Section E, No. 2, in the State Agreement, the Area Administrator and/or District Supervisor will be responsible for assessing the effectiveness of the local agreement and establishment of evaluation procedures.

An annual report detailing the results will be sent to each respective agency's Director or Commissioner or their designee.

### V. Confidentiality of Client Information

Local agreements should outline procedures to assure the confidentiality of client records.

The State Agreement as well as each agency's policies concerning confidentiality of client information should govern how this issue is addressed in the local agreements.

### VI. General Issues

- A. Amendments to local agreements by written consent of both parties

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- B. Only the signatures of the Area Administrator and District Supervisor are necessary on the local agreements.
  - C. The local cooperative agreements should be completed and signed by September 30, 1982.
  - D. A copy of the completed agreement should be sent to Ron Nestor, Division of Social Services, Department of Welfare, or Deborah Clohan, Vocational Rehabilitation, Institute, West Virginia.

VII. Consultation

Consultation is available to both agency's staff concerning these State and Local Agreements. Contact persons are:

Deborah Clohan - Vocational Rehabilitation

John Chandler - Department of Welfare

Nancy Dunst - Department of Welfare  
(Handicapped Children's Services)

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